

Insurance Tips

Health Appeals

Kentuckians enrolled in health benefit plans have the right to appeal an insurer's decision to deny payment for a treatment, service, drug or device. The law does not apply if you are covered by a Medicare supplement policy, a student health plan or an employer "self-funded" plan.

Two important terms are used in filing an appeal. If you receive a "coverage denial," this means the company believes the treatment or service is not covered as outlined in your benefit plan. An "adverse determination" means the insurance company does not think the treatment or service is medically necessary or appropriate.

Once a consumer has exhausted all appeals within the company, he/she can turn to the external appeals process. The service or treatment must have cost \$100 or more to be eligible for this process. The consumer must pay a \$25 filing fee that will be refunded if the decision is in the consumer's favor. The fee is waived if the insured can demonstrate financial hardship.

Your company must pay for the external review and must use an Department of Insurance-approved "independent review entity" to review your file. If the IRE approves your treatment or service, the company must pay for it. For more information, contact the Department of Insurance at 800-595-6053, ask for Consumer Protection and Education and request the fact sheet *What You Should Know About Health Insurance Appeals*. The fact sheet is available on our Web site <http://insurance.ky.gov/> on the Free Publications page under Health Insurance.

Please call the Kentucky Office of Insurance at 1-800-595-6053 with your insurance questions or complaints. The TTY line for the deaf or hard-of-hearing is 1-800-462-2081. You may file a complaint online at https://doi.ppr.ky.gov/Kentucky/secured/consumer/complaint.asp

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